PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

LEEOOII-US

		CLAIMS AS	S FILED -	SMALL	SMALL ENTITY		OTHER THAN				
(Column 1) (Column 2)						mn 2)	TYPE [OR	· · · · · · · · · · · · · · · · · · ·	
TOTAL CLAIMS			18	18			RATE	FEE	7	RATE	FEE
FC	OR		NUMBER	FILED	NUMB	ER EXTRA	BASIC FE	E 375.00	OR	BASIC FEE	750.00
TC	OTAL CHARGEA	ABLE CLAIMS	18 mir) 8 minus 20=		* D			OR	X\$18=	0
INDEPENDENT CLAIMS				2 minus 3 =		0	X42=	1	OR	V0.4	2
MULTIPLE DEPENDENT CLAIM PRESENT							+140=	 	OR		0
* If the difference in column 1 is less than zero, er					"0" in c	column 2	TOTAL	+	OR	TOTAL	150
	С	LAIMS AS A	MENDE) - PAR'	T II			L]0	OTHER	
		(Column 3)	SMALL	. ENTITY	SMALL						
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER OUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=	
AME	Independent	* ENTATION OF MU	Minus	***	OL AIM	=	X42=		OR	X84=	
<u> </u>	THOTTILOC	NIATION OF WIC	JEHPLE DEI	PINDEIVI	CLAIIVI		+140=		OR	+280=	
							TOTAL		اا	TOTAL	
		(Column 1)		(Colum	-~ O\	(Only man 0)	ADDIT. FEE	:	Jon ,	ADDIT. FEE	<u> </u>
<u></u>		CLAIMS		(Colum HIGHE	EST	(Column 3)		1 A D D I	1		1001
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	USLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=	
	Independent	* ENTATION OF MU	Minus	***	C! 4114	=	X42=		OR	X84=	
<u></u>	FIRST FIEUE	NIATION OF WIG	ILIPLE DEF	ENDENT	CLAlivi		+140=		OR	+280=	
							TOTAL			TOTAL	
		(Column 1)		(Colum	ın 2)	(Column 3)	ADDIT. FEE	Ł	, ,	ADDIT. FEE	
ပ		CLAIMS REMAINING		HIGHE	ST			ADDI-		T	ADDI
AMENDMENT C		AFTER AMENDMENT		NUMB PREVIOI PAID F	USLY	PRESENT EXTRA	RATE	TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=	1
AME	Independent	<u> </u>	Minus	***		=	X42=	 		X84=	
Ĺ	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	ENDENT	CLAIM		774-	 	OR		
* If the entry in column 1 is less than the entry in column 2 write "0" in column 2									OR	+280=	
,		1117 1 10 1000 111411	S Citty in Colum	IIII C, WING	0 111001	JIIIII J.	TOTAL			TOTAL	
**	If the "Highest Nur	mber Previously Pai Imber Previously Pai Inber Previously Paid	aid For" IN THIS	S SPACE is S SPACE is	less than	1 20, enter "20."	ADDIT. FEE			TOTAL ADDIT. FEE	